Statement of Recipient Co		Amended Type or print in ink	R	ECEIVED IUL 1 8 2001		STATEM	IENT OF ORGANIZATION
Statement Type	☐ Initial Not yet qualified ☐ or	▲ Amendment List I.D. number:		City Clerk City of Lodi mination – See Part 5 P number: OFF	Date Stamp RECEIVED AND FIL OLITICAL REFORM DI FICE OF SECRETARY	ED T	ORNIA 410
	Date qualified as committee	# 1 3 3 4 9 28 Date qualified as committee (If applicable)	#	J	MAY 2 4 200 BILL JONES A SECRETARY O	- A	NEPUTY
1. Committee	Information		:	2. Treasurer and O	ther Principal O	fficers	
NAME OF COMMITTE				NAME OF TREASURER			
Friends of JoAnne Mounce				Constanc	e Zwei	feL	
a candidate for Lodi Council				STREET ADDRESS	_ 1		
STREET ADDRESS (NO P.O. BOX)				435 E. E	<u>Elm</u> Stre		
437 E. ELM Street				Lodi	STAT CA		AREA CODE/PHONE
CITY	STATE	ZIP CODE AREA CODE/	PHONE	NAME OF ASSISTANT TREAS	URER, IF ANY	9524	10 209 367 180
Lodi	CA	95240 209-33		<i>-</i> Λ ,			
MAILING ADDRESS (201-30	5 - 2017	STREET ADDRESS	1001100		
nla				437 E.	ELM Stre		•
OPTIONAL: FAX / E-MAIL ADDRESS				CITY	STATI		AREA CODE/PHONE
Jmounce @ lodicitycouncil, com				LOCI NAME AND POSITION OF OTH	CA	95240	209.333.2814
COUNTY OF DOMICIL	E COUNTY WHEE	RE COMMITTEE IS ACTIVE IF DIFFERE	NT	name and position of oth	IER PRINCIPAL OFFICER(S), IF APPLICABLE	
San Joa	quin	OF DOMICILE		MAILING ADDRESS			
Attach additional info	ormation on appropriately labeled co	ntinuation sheets.		CITY	STATI	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all reperjury under the	asonable diligence in preparing laws of the State of California t	this statement and to the best hat the foregoing is true and co	of my knov	vledge the information con	tained herein is true a	nd complete. I ce	rtify under penalty of
Executed on 5/	16/2001 DATE	ву	Lini	taxoe 344	REASURER OR ASSISTANT N	to an	e Zmone
Executed onO5	116/2001 DATE	By	<u> 20 A</u>	SIGNATURE OF CONTROLLING OFF	CEHOLDER CANDIDATE OR	STATE MEASURE PROPO	NENT
Executed on	DATE	By					
Executed on	DATE			SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPOR	VENT
Executed Off	DATE	By		SIGNATURE OF CONTROLLING OFF	CEHOLDER CANDIDATE OR	STATE WEASHIDE PROPOS	NENT

FPPC Form 410 (Jan/01)

Statement of Organization STATEMENT OF ORGANIZATION **Recipient Committee CALIFORNIA FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER 1234928 Juanne Mounce Friends of Controlled Committee ELECTIVE OFFICE SOUGHT OR HELD NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION PARTY

Non-Partisan JoAnne Mounce Lodi City Council 2002 Non-Partisan • List the financial institution where the campaign bank account is located (controlled "candidate election" committees only) BANK ACCOUNT NUMBER NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE 800-488- 2265 171003585 Bank of The West Lodi 229 S. Church Street Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: SUPPORT OPPOSE SUPPORT OPPOSE

Statement of Organization Recipient Committee

FORM INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Jo Anne Mounce Friends OF 1234928 General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTY Committee STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR Small Contributor Committee Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small Date qualified contributor committee on January 1, 2001, enter 1/1/01.

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - · This committee has ceased to receive contributions and make expenditures;
 - · This committee does not anticipate receiving contributions or making expenditures in the future;
 - · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

STATEMENT OF ORGANIZATION

CALIFORNIA